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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/001,469

Filing Date October 31, 2001

First Named Inventor Aya JAKOBOVITS JUL 30 2003

Group Art Unit 1642

Examiner Name M. Davis

Attorney Docket Number 511582002420

Total Number of Pages in This Submission

12

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below)

Return Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

MORRISON & FOERSTER LLP
David L. Devernoe - 50,128

Signature

Date

July 22, 2003

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Dated:

7/22/03

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Tami M. Procopio

(Tami M. Procopio)

DIPE JC37
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1642/\$

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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/001,469
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	October 31, 2001
205.00		First Named Inventor	Aya JAKOBOVITS
		Examiner Name	M. Davis
		Group Art Unit	1642
		Attorney Docket No.	511582002420
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number		Fee Code Fee (\$)	
03-1952 referencing		Fee Description	
511582002420		Fee Paid	
Deposit Account Name			
Morrison & Foerster LLP			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 750 2001 375			
1002 330 2002 165			
1003 520 2003 260			
1004 750 2004 375			
1005 160 2005 80			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 3 -47 =			
Independent Claims 1 -3* =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9			
1201 84 2201 42			
1203 280 2203 140			
1204 84 2204 42			
1205 18 2205 9			
SUBTOTAL (2) (\$)		0.00	
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		205.00	

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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David L. Devernoe	Registration No. (Attorney/Agent)	50,128
Signature		Telephone	(858) 720-7943
		Date	July 22, 2003

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Dated: 7/22/03	Signature: Sami M. Procopio (Sami M. Procopio)